

Don't disappoint your 'lil sweetheart, **SIGN UP** for the fun **TODAY!**

Mom, grandparents, friends, significant others – Are you interested in volunteering for a night's festivities? Call Maryanna Bastin at (480) 350 – 5190 to volunteer! Your efforts will only add to this magical event!

**IMPORTANT!**

Early Registration is encouraged. Dance admission is subject to close if maximum registration is not met. Tickets will be mailed to those participants who register early. No refunds will be issued for cancellations after Monday, February 10.

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**10th Annual Daddy/Daughter Dance – February 14 & 15, 2003**

Child's Full Name: \_\_\_\_\_ Age & Birthdate: \_\_\_\_\_

Additional Child: \_\_\_\_\_ Age & Birthdate: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Last) (First) (M.I.) City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate dance you wish to attend:

Friday (ages 4-7) February 14 \_\_\_\_\_  
DDFRI-2003

Saturday (ages 8-12) February 15 \_\_\_\_  
DDSAT-2003

Would you like to purchase photos?

Friday, February 14 \_\_\_\_\_ Saturday, February 15 \_\_\_\_\_ # of photos desired? \_\_\_\_\_ @ \$4.00 each = \$ \_\_\_\_\_  
PHOFRI-2003 PHOSAT-2003

**REGISTRATION FEES:**

**1/20/03 – 2/9/03** # of participants \_\_\_\_\_ x \$8 /person = \$ \_\_\_\_\_

**2/10/03 – 2/15/03** # of participants \_\_\_\_\_ x \$10 /person = \$ \_\_\_\_\_

\*\* Additional daughter attending # of participants \_\_\_\_\_ x \$5 /person = \$ \_\_\_\_\_

If paying by Visa/Mastercard/Discover/AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature for Credit Card: \_\_\_\_\_

I understand that the City of Tempe does NOT carry accident insurance for this event and I am aware and agree to assume all risks associated with my participation. I will additionally permit the free use of my name and picture in broadcasts, telecasts, newspapers, brochures, web sites, etc. Falsification of any information on this registration form will result in suspension from the program. If I require certain accommodations to participate, I will note them below.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

(Waiver of Liability)